



# Incident Report

**Print Date/Time:** 08/22/2016 10:03  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00016370

**Incident Date/Time:** 8/18/2016 5:55:00 PM  
**Location:** 1209 91ST AVE SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 345-0015  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 4  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N3	SS0135-Parnell

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FLANNERY, IAN		(425) 345-0015			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/18/2016 : 17:57:44 SP0401 Narrative: LR401

08/18/2016 : 17:57:19 SP0421 Narrative: BCST

08/18/2016 : 17:56:53 SP0401 Narrative: CC, COLD, SUS INFO, COLD H AND R VS PKED VEH

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E575389**CASE # **2016-00016370**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS**02**OBJECT  
STRUCK**MISC OBJECT OR DEBRIS ON ROAD**TRIBAL  
RESERVATION

M M D D Y Y Y Y

TIME (2400)

COUNTY #

MILES

CITY #

DATE OF  
COLLISION**08****17****2016****1700****31****N****E****IN****OF****0664**

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐NON-INTERSECTION ☒**PRIVATE RD**BLOCK NO. ☒**1100**

MILE POST

DISTANCE

**150****00**

MILES

☒**N**☒**E**☒**91ST AVE SE**

UNIT 01

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

DAMAGE THRESHOLD MET

YES

NO

☒

PHONE

LAST NAME

**UNKNOWN**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

**U**D.O.B.  
MMDDYYYY**9**ON DUTY ☐

STATUS

AIRBAG

**9**

RESTR.

**9**

EJECT

**9**HELMET  
USE**9**INJURY  
CLASS**0**

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**UNKN**

MAKE

**UNKN**

MODEL

**UNKN**

STYLE

**UNKN**VEHICLE TOWED  
YES

NO

☒

TOWED BY

GOVT. VEHICLE  
YES

NO

☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDING

YES

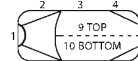
NO

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☐

DAMAGE THRESHOLD MET

YES

NO

☒

PHONE

LAST NAME

**NONE**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

**U**D.O.B.  
MMDDYYYY**9**ON DUTY ☐

STATUS

AIRBAG

**2**

RESTR.

**9**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**AWN6569**

STATE

**WA**

VIN#

**YS3FB5S641004441**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2004**

MAKE

**SAA**

MODEL

**9-3**

STYLE

**P4**VEHICLE TOWED  
YES

NO

☒

TOWED BY

GOVT. VEHICLE  
YES

NO

☒REGISTERED OWNER INFO. **IAN FLANNERY 1209 91ST AVE SE LAKE STEVENS WA 98258**LIABILITY INSURANCE  
IN EFFECT☒INSURANCE CO  
& POLICY #**STATE FARM 264 3099-D14-47A**VEHICLE  
LEGALLY  
STANDING

YES

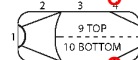
NO

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**K. PARNELL**

BADGE OR ID #

**0135**

AGENCY

**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E575389**CASE # **2016-00016370**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Veh. 2 was parked on the side of the private road for Lake Stevens Middle School off of the 1100 block of 91st Ave SE. a stack of metal pipes had been staged approximately 5 feet west of veh. 2 for road construction prior to veh. 2 parking. When the RO returned to veh. 2 he saw his vehicle had been damaged by the pipes.

A construction worker told RO's father a second vehicle hit the pipes, pushing them into veh. 2. RO's father is out of town, but has been given a statement form.

I did not observe veh. 2 at the location the damage is said to have occurred. This report is based on RO's statements.

**\*\*\*\* AUTO-POPULATED SECTION \*\*\*\***

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\***

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**K. PARNELL**
**08-19-16 02:29 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**R. BROOKS 0013**

DATE

**8/19/2016 5:14:52 AM**

BADGE OR ID #	<b>0135</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>5:57 PM</b>	TIME POLICE ARRIVED	<b>6:09 PM</b>
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**REPORT NO.** E575389

**CASE #** 2016-00016370

**DATE AND TIME  
OF COLLISION** 08/17/16 17:00

# Not observed